

# UFI STANDARD AUDIT CERTIFICATE

Please provide one certificate per event

## TO BE COMPLETED BY THE ORGANIZER

Organizer: \_\_\_\_\_

Is this event:  Physical  Digital  Hybrid

Name of the event: \_\_\_\_\_

Venue: \_\_\_\_\_

Date of the exhibition being audited: |\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_| to |\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|  
D D M M Y Y D D M M Y Y

Date of the next session (if known): |\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_| to |\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|  
D D M M Y Y D D M M Y Y

Number of times that the exhibition has been organized previously: \_\_\_\_\_

Dates of the most recent previous editions and please indicate whether the editions were audited:

- From |\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_| to |\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_| - Audited:  Yes  No  
D D M M Y Y D D M M Y Y
- From |\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_| to |\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_| - Audited:  Yes  No  
D D M M Y Y D D M M Y Y

Was the last session:  Physical  Digital  Hybrid

## TO BE COMPLETED BY THE AUDITOR

**Physical Event** - Registration system in place (with access control):  Electronic  Manual

Description of system: \_\_\_\_\_

**Digital Event** - Event platform requires unique identifier. Description of system: \_\_\_\_\_

\_\_\_\_\_

TOTAL EXHIBITION SPACE (For Physical event only)	National (Domestic)	International	Sub-Total
Net <b>indoor</b> exhibition space in square metres			
Net <b>outdoor</b> exhibition space in square metres			
		Total	

# UFI STANDARD AUDIT CERTIFICATE

## EXHIBITORS *(Physical/ Digital/ Hybrid)*

Number of <b>national</b> (domestic) exhibitors*	
Number of <b>international</b> exhibitors*	
*excluding represented companies/indirect exhibitors	Total

## VISITORS/VISITS *(Physical/ Digital/ Hybrid)*

	Visitors (1) <i>(to be counted only once)</i>	+ Repeat visits (2)	= Total number of Visits (3)
Number of <b>national</b> (domestic) visitors			
Number of <b>international</b> visitors			
Total			

Figure (1) or figure (3) is compulsory

## AUDITOR DETAILS

Name of the auditing organization:

Address:

Tel:

Fax:

Email:

Website:

Name of the person who conducted the audit:

Position:

Direct Tel:

Email:

Direct Fax:

# UFI STANDARD AUDIT CERTIFICATE

## DECLARATION (by AUDITOR)

*I/We, the undersigned, hereby certify that the information supplied on this form is correct. I/we agree to abide by UFI Rules and Standards (including the Code of Ethics).*

*I/we certify that this audit has been conducted in accordance with the "UFI Auditing Rules for the Statistics of UFI Approved Events". (Effective June 21)*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_ Official Stamp \_\_\_\_\_

Date when audit was performed: |\_|\_| / |\_|\_| / |\_|\_|

**(PLEASE PROVIDE AUDIT, AT THE LATEST, 6 MONTHS AFTER THE END OF SHOW)**

**(V.08/21)**